

Windham Northeast Supervisory Union Employee Direct Deposit Authorization

NAME: _____

DISTRICT: _____

Please read this form carefully and write clearly.

- If this is a new direct deposit, you should:
 - Already have the bank account set up
 - Find out if the bank accepts direct deposits
 - Verify bank's ABA# and your account #, including dashes, and notify them that you are going to set up direct deposit through payroll
 - Confirm with the bank that there isn't anything special you need to do in terms of direct deposit into your account

- Please choose from the following:
 - New direct deposit
 - Changing your direct deposit: new deposit amount: \$ _____
 new account number: _____
 - Changing dollar amount to: \$ _____
 - Canceling direct deposit, effective: _____

ACCOUNT INFORMATION

Make sure to indicate what type of account and amount to be deposited, if less than your total net paycheck.

1. Bank Name: _____

City	State	Zip
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Routing/Transit # _____ **Account #** _____

☐ **Checking** ☐ **Savings** I wish to deposit: \$ _____ or ☐ **Entire net amount**

2. **Bank Name:** _____

City	State	Zip
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Routing/Transit # _____ **Account #** _____

☐ **Checking** ☐ **Savings** I wish to deposit: \$ _____ . _____ or ☐ **Entire net amount**

3. **Bank Name:** _____

City	State	Zip
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Routing/Transit # _____ **Account #** _____

☐ **Checking** ☐ **Savings** I wish to deposit: \$ _____ or ☐ **Entire net amount**

Please read and understand the following completely before signing this form:

- I authorize Windham Northeast Supervisory Union and the bank(s) listed above to deposit my net check or portion thereof as indicated above into my account each payday.
- If funds to which I am not entitled are deposited in my account, I authorize Windham Northeast Supervisory Union to direct the bank to return said funds.
- I understand that my deposit may not be credited until 5:00 p.m. on the pay date indicated on the direct deposit slip.
- I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each payday.

Employee Signature: _____ Date: _____

Please return this form to the Payroll Department with a copy of your check with void written across it, or a deposit form from your savings account.